

<i>SERFF Tracking Number:</i>	<i>ARBB-127786260</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>50157</i>
<i>Company Tracking Number:</i>	<i>23-2617 10/11</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Amendments</i>		
<i>Project Name/Number:</i>	<i>Special Amendment /23-2617 10/11</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Amendments

SERFF Tr Num: ARBB-127786260 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 50157

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2617 10/11

State Status: FEES PAID

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne
McNaughton, Frank Sewall, Rita
Thatcher, Evelyn Laney

Disposition Date: 11/02/2011

Date Submitted: 11/01/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Special Amendment

Status of Filing in Domicile: Pending

Project Number: 23-2617 10/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state
of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 11/02/2011

State Status Changed: 11/01/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 23-2617 10/11 for your review and approval if indicated.

This amendment modifies the effective date provisions for new Employees and their dependents to be effective on the date of the event. This amendment was created for the Saatchi dental group but can be used with any dental group with these same requirements.

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Product Name: Amendments
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Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the group benefit certificate to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
320 West Capitol, Ste 211 501-378-2165 [Phone]
Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas
601 S. Gaines Street Group Code: Company Type:
Little Rock, AR 72201 Group Name: State ID Number: N/A
(501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	11/01/2011	53366158

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/02/2011	11/02/2011

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Disposition

Disposition Date: 11/02/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2617 10/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/02/2011	23-2617 10/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.800	23-2617 10- 11 Dental(Saatch i).pdf



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
DENTAL GROUP BENEFIT CERTIFICATES**

AMENDMENT NO. 2617

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Personal Insurance, A.2 is hereby amended to read as follow.

2. Effective Date of Personal Insurance
 - a. An employee must use forms provided by the Company when applying for insurance.
 - b. The employee's insurance shall be effective at 12:01 a.m.:
 - (1) if it is non-contributory, on the date of hire regardless of when the application is made; or
 - (2) if it is contributory and the employee makes application within thirty (30) days after the date he first became eligible, on the date of hire ; or
 - (3) if it is contributory and the employee does not apply for insurance within thirty (30) days after the date he first became eligible, the first day of the Policy Month following the date the employee's application is accepted by the Company.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Dependent Insurance, B.2 is hereby amended to read as follow.

2. Effective Date of Dependent Insurance
 - a. An employee must use forms provided by the Company when applying for Dependent Insurance.
 - b. Dependents shall not be insured until the employee is insured.
 - c. The Dependent Insurance shall be effective at 12:01 a.m.:
 - (1) If it is non-contributory, on the date the Dependent becomes eligible for coverage regardless of when application was made;
 - (2) If it is contributory and the employee makes application within thirty (30) days after the date the Dependent first became eligible, on the date the Dependent first became eligible.
 - (3) If the Dependent is a newborn Child and the Employee makes application within ninety (90) days of birth, coverage will be effective as of the date of the Child's birth. Dependent Insurance premiums shall be payable from the first day of the billing cycle in which the Child is born; or
 - (4) If it is contributory and the employee fails to make application within thirty (30) days after the date the Dependent becomes eligible (or ninety days in the case of a newborn), the first day of the Policy Month following the date the employee's application is accepted by the Company.

- (5) If the Dependent is an adopted Child and the application is submitted within sixty (60) days of the date of the petition for adoption or within sixty (60) days of the Child being placed with the employee for adoption, coverage will be effective as of the date of the petition or Placement for adoption. Coverage will begin on the adopted Child's date of birth if the petition for adoption or Placement for adoption and the application for coverage occurred within sixty (60) days of the Child's birth. Dependent Insurance premiums shall be payable from the first day of the billing cycle in which the adopted Child is covered under this policy.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/02/2011
Comments: Please see attached.		
Attachment: Flesch Certification 2617 10-11.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	11/02/2011
Bypass Reason: Not required.		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	11/02/2011
Bypass Reason: Not PPACA related.		
Comments:		



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield
Amendment No. 23-2617 10/11**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.8 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Name

Vice President

Title

November 1, 2011

Date